

CAREFULLY READ THE FOLLOWING INFORMATION AND FULLY COMPLETE THE APPLICATION

1. Pursuant to the Cook County Youth Tobacco Control Ordinance, Cook County Code of Ordinance, Chapter 54, Article V, Section 54-300 et seq. (“Tobacco Control Ordinance”), which **applies to retailers of tobacco products in unincorporated Cook County**, no person shall engage in the retail sale of tobacco products or operate a facility containing vending machines that dispense tobacco products unless the person is authorized to do so pursuant to a license issued by the Cook County Department of Public Health (“CCDPH”).
2. To apply for a Retail Tobacco License you must fully complete the information on pages 2 and 3 of this application. An electronic version of this Retail Tobacco License Application is available on the CCDPH website at <http://www.cookcountypublichealth.org/contact-us/permits-and-licensing>.
 - a. In completing your application please note the following:
 - i. **YOU MUST PROVIDE AN EMAIL ADDRESS FOR RECEIVING NOTICES RELATED TO THIS APPLICATION AND/OR THE TOBACCO CONTROL ORDINANCE.**
 - ii. You must provide the **Applicant’s** full name, the address and telephone number where the applicant is engaged in the business of the retail sale of tobacco products and the name, address and telephone number of the person authorized to receive notices issued pursuant to the Tobacco Control Ordinance.
 - iii. If the Applicant is a **Corporation**, you must provide the corporate name, the address and telephone number of the principal place of business; the date and state of incorporation; the names of the corporate officers and the name, address and telephone number of the person authorized to receive notices issued pursuant to the Tobacco Control Ordinance.
 - iv. If the Applicant is a **Partnership**, you must provide the name, address and telephone number of the principal place of business; the names of all partners; the name, address and telephone number of a person authorized to receive notices issued pursuant to the Tobacco Control Ordinance.
 - v. **If any of the information you provide in your application changes, you have a duty to supplement your application information and you must immediately inform CCDPH in writing of such changes by email, fax or mail.**
3. The following fees must be sent with your application. **No other fees are to be included with your remittance.**
 - a. **\$200 LICENSE FEE:** This fee includes the cost of the license and up to one (1) vending machine.
 - b. **\$35 ADDITIONAL VENDING MACHINES FEE:** This fee is added if there is more than one (1) vending machine. The fee is per each additional machine.
4. **You must also include a check, money order, or cashier’s check for the appropriate amount of fees due with your completed application. DO NOT SEND CASH.**
 - a. **Your check, money order, or cashier’s check should be made payable to “COOK COUNTY DEPARTMENT OF PUBLIC HEALTH.”**
 - b. **Your application will not be processed without the receipt of proper payment.**
5. **For efficient processing of your application please type your responses or print legibly. Illegible applications will result in a delay in processing.**
6. Your completed application and payment for fees must be **RECEIVED on or before December 31st of each year** by CCDPH at the following address:

Attention: Peter Gianakas
Cook County Department of Public Health
Environmental Health Services Unit
10220 South 76th Avenue, Room 250
Bridgeview, Illinois 60455
7. Licenses are issued for an annual period beginning January 1st and ending December 31st of each year. Each license shall expire on the last day of the license year for which the license was issued (e.g. a 2015 license will expire on December 31, 2015).
8. **Any person who sells tobacco products without a license may be issued a citation by CCDPH and, in accordance with Article V, Section 54-303 (b)(2), may be subject to fines and fees of \$500 or more for each instance in which a person sells tobacco products in violation of the Tobacco Control Ordinance. Any retailer whose license is revoked for violating**

the Tobacco Control Ordinance shall be prohibited from obtaining a tobacco retailer's license for one year.

- 9. To avoid the issuance of a citation and the imposition of fines and fees, all Retailers MUST apply for a license and remit the correct payment of such license to CCDPH by **December 31st** of each year. New retailers, opening after January 1st of each year, MUST obtain a license prior to selling any tobacco products. Note that such license fee will NOT be prorated.
- 10. It is highly recommended that you read and understand the Tobacco Control Ordinance and any additional applicable laws and regulations related to the sale of tobacco products. An electronic copy of the Tobacco Control Ordinance may be accessed on the Municode website at: <https://library.municode.com/index.aspx?clientId=13805>. These governing laws are to be fully complied with at all times. Any failure to conform to these laws may result in the revocation or suspension of your license and/or the issuance of a citation.
- 11. Any questions in reference to the above information or your application should be addressed to: Peter Gianakas, Phone: (708) 974-7121; Fax: (708) 974-7120; Email: pgianakas@cookcountyhhs.org.

CAREFULLY READ THE ABOVE INFORMATION *BEFORE* COMPLETING THIS APPLICATION

Section 1: Applicant Name and Type

Applicant Name: _____
Print First and Last Name

Applicant Type: _____ Corporation (Complete Sections 2, 3, **4**, 6 and 7)
(Check only one (1))
 _____ Partnership (Complete Sections 2, 3, **5**, 6 and 7)
 _____ Individual (Complete Sections 2, 3, 6 and 7)

Section 2: Location Where Applicant is Engaged in the Sale of Retail Tobacco Products

Establishment Name: _____ **Phone #:** _____
(As it Should Appear on License) Area Code and Number

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Section 3: Person Authorized to Receive Notices

Name: _____ **Email:** _____ **Phone #:** _____
Print First and Last Name Area Code and Number

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Section 4: Complete if Applicant is a CORPORATION

Corporate Name: _____

Address and Phone Number of Corporation's Principal Place of Business: _____ **Phone #:** _____
Area Code and Number

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

State of Incorporation: _____ **Date of Incorporation:** _____ **State File #:** _____
MM/DD/YYYY

First and Last Names of All Corporate Officers:
 (e.g. President, Vice President, Treasurer, Secretary, other Officers) (Use Additional Sheets if Necessary)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Section 5: Complete if Applicant is a PARTNERSHIP

Partnership Name: _____

Address and Phone Number of Partnership's Principal Place of Business: _____ Phone #: _____
Area Code and Number

Address: _____ City: _____ State: _____ Zip Code: _____

First and Last Names of All Partners:
(Use Additional Sheets if Necessary)

- 1. _____ 3. _____
- 2. _____ 4. _____

Section 6: License Fee

(First vending machine is licensed under the \$200 fee; add \$35 for each additional vending machine)

1. License and one (1) Vending Machine **Line 1:** \$200.00

Check here if your payment includes (1) vending machine.

2. **Additional** Vending Machines _____ x \$35 = **Line 2:** _____
(Enter Number of Additional Vending Machines) (Multiply by \$35) (Enter Amount)

Add the totals from **Line 1** and **Line 2**. This is the **TOTAL PAYMENT DUE**. _____
(Enter Total Payment Due)

PAYMENT IS FOR RETAIL TOBACCO ONLY. DO NOT INCLUDE OTHER PAYMENTS.

Section 7: Applicant Statement

- I certify that the information provided in this application and any attachments is true and correct.
- I understand that if my application is incomplete or not accurate the processing of my application may be delayed or may not be approved.
- I understand that if any of the information I have provided in my application changes, I have a duty to supplement my application information and I must immediately inform CCDPH in writing of such changes by email, fax or mail.
- **I understand that any person who sells tobacco products without a license may be issued a citation by CCDPH and, in accordance with Article V, Section 54-303 (b)(2), may be subject to fines and fees of \$500 or more.**

Applicant Signature: _____

Applicant Name: _____ Date: _____
Print First and Last Name MM/DD/YYYY

Section 8: Payment and Mailing of Application

Make Check Payable to: "COOK COUNTY DEPARTMENT OF PUBLIC HEALTH"

The fully completed application with your payment must be RECEIVED on or before December 31st:

Attention: Peter Gianakas
Cook County Department of Public Health
Environmental Health Services Unit
10220 South 76th Avenue, Room 250
Bridgeview, Illinois 60455

FOR OFFICIAL USE ONLY

Date Received:

Amt. Rcvd.: _____
License #: _____
Vending Machine #(s): _____
License Issue Date: _____
CCDPH Reviewer: _____